Electronic Signature of Signing Officer/Director Detail

01/24/2019

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S87650

Entity Name: WILLIAMS SCHIFINO MANGIONE & STEADY P.A.

Current Principal Place of Business:

C/O WILLIAM J. SCHIFINO, JR. 401 EAST JACKSON STREET SUITE 2500 TAMPA, FL 33602

Current Mailing Address:

C/O WILLIAM J. SCHIFINO, JR. 401 EAST JACKSON STREET SUITE 2500 TAMPA, FL 33602 US

FEI Number: 59-3089038

Name and Address of Current Registered Agent:

SCHIFINO WILLIAM J JR C/O GUNSTER 401 EAST JACKSON STREET SUITE 2500 TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Omeen/Dire					
Title	DIRECTOR	Title	PRESIDENT, MANAGING DIRECTOR		
Name	STEADY, SCOTT I	Name	SCHIFINO, WILLIAM J JR.		
Address	3006 SOUTH SCHILLER STREET	Address	2408 S. DUNDEE ST.		
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629		
Title	DIRECTOR	Title	DIRECTOR		
Name	WILLIAMS, ROBERT V.	Name	MANGIONE, RALPH P.		
Address	16201 SIERRA DE AVILA	Address	5107 W. LONGFELLOW AVENUE		
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	TAMPA FL 33629		
Title	DIRECTOR	Title	DIRECTOR		
Name	AGLIANO, JOHN J.	Name	RAINEY, R. MARSHALL		
Address	P.O. BOX 172308	Address	6102 AUDUON MANOR BLVD.		
City-State-Zip:	TAMPA FL 33672-0308	City-State-Zip:	LITHIA FL 33547		
Title	DIRECTOR	Title	DIRECTOR		
Name	SCHIFINO, JOHN A	Name	STOLER, ROBERT M		
Address	128 BOSPHOROUS AVENUE	Address	10106 WHITE TROUT LANE		
City-State-Zip:		City-State-Zip:	TAMPA FL 33618		
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PRESIDENT, MANAGING

DIRECTOR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J. SCHIFINO, JR.

FILED Jan 24, 2019 Secretary of State 9380597219CC

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	DIRECTOR	
Name	RUSSELL, JOHN D	
Address	3512 WEST KENSINGTON AVENUE	
City-State-Zip:	TAMPA FL 33629	